

**DETAILED ACTION**

**Claims 1-6 and 13 are presented for examination.**

Applicant's Amendment filed 6/19/2008 has been received and entered into the present application.

A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(c), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(c) has been timely paid, the finality of the previous Office Action has been withdrawn pursuant to 37 CFR 1.114. Applicant's payment and submission filed 9/8/2008, has been received and entered into the present application. Accordingly, prosecution has been reopened.

Applicant is reminded of the election of species of compound enalapril in the reply filed 9/10/2008 in response to the requirement for restriction/election dated 7/10/2007.

Claims 1-6 and 13 are pending. Claims 1 is currently amended, no claims have been withdrawn or newly added.

Applicant's arguments, filed 6/19/2008 have been fully considered. Rejections not reiterated from previous Office Actions are hereby withdrawn. The following rejections are either reiterated or newly applied. They constitute the complete set of rejections presently being applied to the instant application.

***Claim Rejections - 35 USC § 102***

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

Claims 1-6 and 13 rejected under 35 U.S.C. 102(b) as being anticipated by The SOLVD Investigators (New England Journal of Medicine, Vol, 325, No. 5, August 1, 1991; provided by Applicant).

SOLVD et al teach treatment of enalapril significantly reduced mortality and hospitalization for chronic congestive heart failure and left ventricular ejection fractions (abstract). Treatment with enalapril was started at 2.5 mg or 5 mg twice daily on the basis of the patient's clinical condition. The dose was titrated up to a maximum of 10 mg twice daily (page 294, column 2). SOLVD et al teach the administration of enalapril at the same dosage(s) to the same patient population and therefore necessarily provides for reducing the incidence of atrial fibrillation as claimed.

Administration of enalapril to patients with chronic heart failure described in the specification as an agent which reduces the incidence of atrial fibrillation, necessarily provides this claimed activity. IN other words, the method step of reducing the incidence of atrial fibrillation, inherently performs the function of reducing the incidence of atrial fibrillation.

### **Conclusion**

Any inquiry concerning this communication or earlier communications from the examiner should be directed to ANNA PAGONAKIS whose telephone number is (571)270-3505. The examiner can normally be reached on Monday thru Thursday, 9am to 5pm EST.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Ardin H. Marschel can be reached on 571-272-0718. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

AP

/Patricia A. Duffy/

Primary Examiner, Art Unit 1645